

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization Simon Salinas for State Assembly		Employer identification number 912047121
2 Mailing address (P.O. Box or number, street, and room or suite number) 1119 N. Main St.		
City or town, state, and ZIP code Salinas, CA 93906		
3 E-mail address of organization simonsalinas90@hotmail.com		
4a Name of custodian of records Lina Salinas	4b Custodian's address 548 E. Alisa I St. Salinas, CA 93905	
5a Name of contact person Darlene Dunham	5b Contact person's address 41 Santa Lucia Ave. Salinas, CA 93901	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code		

Part II Purpose

7 Describe the purpose of the organization

Political Committee

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
N/A		

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